

Appn. No. 10/064,678  
Docket No. GEN-0284-D

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**OFFICIAL**

Appn. No.: 10/064,678 : Confirmation No.: 7211  
Applicant: Roger N. Castonguay : Group Art Unit: 2832  
Filed: August 6, 2002 : Examiner: Donovan, Lincoln D  
Docket No.: GEN-0284-D :

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For: AUXILIARY MAGNETIC TRIP SYSTEM

July 19, 2004

Mail Stop Amendment  
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Alexandria, VA 22313-1450

## AMENDMENT UNDER 37 CFR 1.111

Sir:

This is in response under 37 CFR §1.111 to the Office Action dated May 17, 2004, issued in the above-identified application, wherein Applicant requests reconsideration and entry in view of the following amendment and remarks.

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

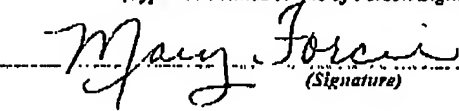
## CERTIFICATE OF MAILING OR TRANSMISSION

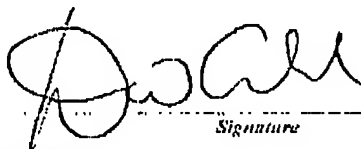
I hereby certify that this correspondence is being deposited with the United States Postal Service as First-Class Mail in an envelope addressed to Mail Stop \_\_\_\_\_, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to Mail Stop Amendment or Express Mail No. \_\_\_\_\_ to the United States Patent and Trademark Office on the date shown below.

Mary Forcier  
Name

Mary Forcier  
Signature

July 19, 2004  
Date

<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b>			Docket No. <b>GEN-0284-D</b>
Applicant(s): <b>Roger N. Castonguay</b>			
Serial No. <b>10/064,678</b>	Filing Date <b>August 6, 2002</b>	Examiner <b>Lincoln D. Donovan</b>	Group Art Unit <b>2832</b>
Invention: <b>AUXILIARY MAGNETIC TRIP SYSTEM</b>			
			<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b>  <b>JUL 19 2004</b>  <div style="font-size: 2em; font-weight: bold; text-align: center;">OFFICIAL</div>
I hereby certify that this <u>Amendment Under 37 CFR 1.111 (10 pgs.)</u> <small>(Identify type of correspondence)</small> is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u> ) on <u>July 19, 2004</u> <small>(Date)</small>			
<u>Mary Forcier</u> <small>(Typed or Printed Name of Person Signing Certificate)</small>  <small>(Signature)</small>			
<b>Note: Each paper must have its own certificate of mailing.</b>			

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>GEN-0284-D</b>	
Applicant(s): <b>Roger N. Castonguay</b>					
Serial No. <b>10/064,678</b>	Filing Date <b>August 6, 2002</b>	Examiner <b>Lincoln D. Donovan</b>	Group Art Unit <b>2832</b>		
Invention: <b>AUXILIARY MAGNETIC TRIP SYSTEM</b>					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	21 -	22 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>06-1130</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ Signature			Dated: <b>July 19, 2004</b>		
<b>David Arnold</b> Reg. No. 48,894 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002  Phone: 860-286-2929 Fax: 860-286-0115			I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  _____ Signature of Person Mailing Correspondence  _____ Typed or Printed Name of Person Mailing Correspondence		
CC:					